

Medical Professional Liability Insurance Claims Online User Manual

Missouri Department of Insurance, Financial Institutions and Professional Registration

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Summary

To further assist our patrons, Medical Professional Liability Insurance Claim reports can now be created, updated, and closed online through DIFP Medical Professional Liability Insurance Claim Portal. This tutorial guides users through the online system for account creation, account management, and claim management. This guide does not provide information about claim requirements or regulations.

Site Address

<https://apps.difp.mo.gov/profliab>

Account Management

Users require an approved account to create, update or close claims. New users must create an account and received approval prior to creating, updating, or closing claims. Existing users will need to sign in to manage their account information.

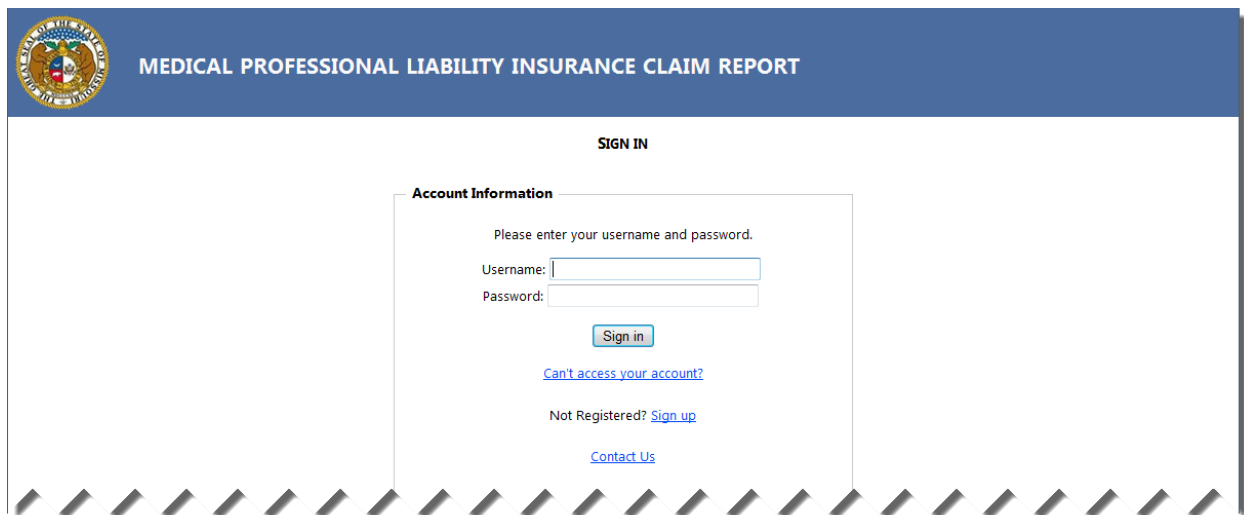
Account Registration

Required Information: Users will need to create and/or provide the following information when registering for an account with DIFP:

- Create a User Name
- Provide a valid Email Address
- Create a Password
- Provide valid NAIC number(s)
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information

Registration Process

New users must register with DIFP to gain access to the application. Begin the account creation process by navigating to the Medical Professional Liability Insurance Claim portal located on the internet at <https://apps.difp.mo.gov/profliab>.



The screenshot shows the 'SIGN IN' page of the Medical Professional Liability Insurance Claim Report portal. The page has a blue header with the Missouri Department of Insurance, Financial Institutions and Professional Registration seal on the left and the title 'MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT' on the right. Below the header, the text 'SIGN IN' is centered. Underneath, there is a section titled 'Account Information' with a prompt: 'Please enter your username and password.' This section contains two input fields: 'Username:' and 'Password:'. Below these fields is a 'Sign in' button. Further down, there are two hyperlinks: 'Can't access your account?' and 'Not Registered? Sign up'. At the bottom of the form area, there is a 'Contact Us' link. The bottom of the page features a decorative border of small, dark, slanted rectangles.

Once you navigate to the site, in the middle of the screen on the 'Sign In' page, click the hyperlink titled **Sign up**. The hyperlink will redirect you to the Registration Page.

The screenshot shows a web form titled "MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT" with a "REGISTER" button. The form is titled "Account Information" and includes instructions: "Please complete the fields below. All fields are required." and a link "If you already have an account please click [Here](#)". The form fields are: Username, Email, Password, Confirmation Password, NAIC Number(s) (with a dropdown arrow and a "Help" link), Contact Name, Contact Phone Number, Contact Street Address, Contact City, Contact State (with a dropdown arrow), and Contact Zip Code. A "Register" button is at the bottom. A red error icon and message are at the bottom: "When this symbol appears, an error has occurred in the associated field, hover over symbol for error message".

Complete the information requested on the form:

Username: Create and type your username in the textbox provided. Your username can be your email address, company name, personal name, etc.

Email: Provide a valid email address in the textbox provided. After creating your account, you will receive emails pertaining to your account and claims. Be sure to keep this information updated.

Password: Create a password, which consists of at least eight characters. Include at least one upper case letter; one lower case letter; and one number or special character. Type the password you created into the textbox provided.

Confirmation Password: Retype your password into the 'Confirmation Password' text box to verify the password match. If the passwords do not match, please correct any errors or typos.

NAIC Number(s): Provide your NAIC number(s) in the textbox provided. Separate multiple codes with a comma. This is a five-digit pre-assigned code provided by the NAIC NUMBER to insurance companies. *Self-insured entities need to contact the DIFP for an assigned number.

Contact Name: Enter the account contact name.

Contact Phone Number: Enter the primary phone number for the account in which you are registering.

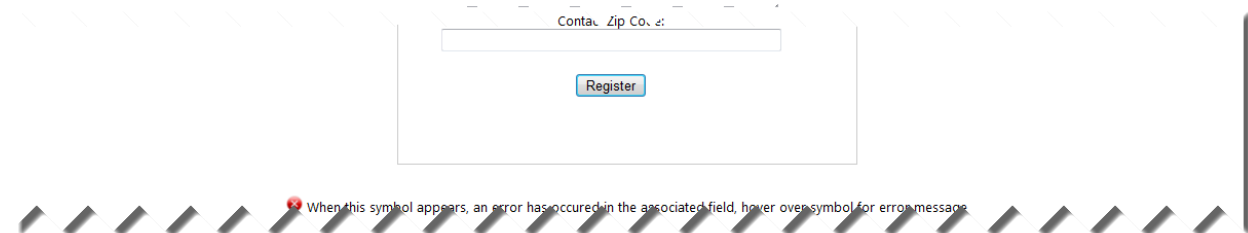
Contact Street Address: In the text box provided, enter the street address for which the account will be register.

Contact City: Enter the name of the city for the account in which you are registering.

Contact State: From the drop down menu, select the state associated with the address provided above.

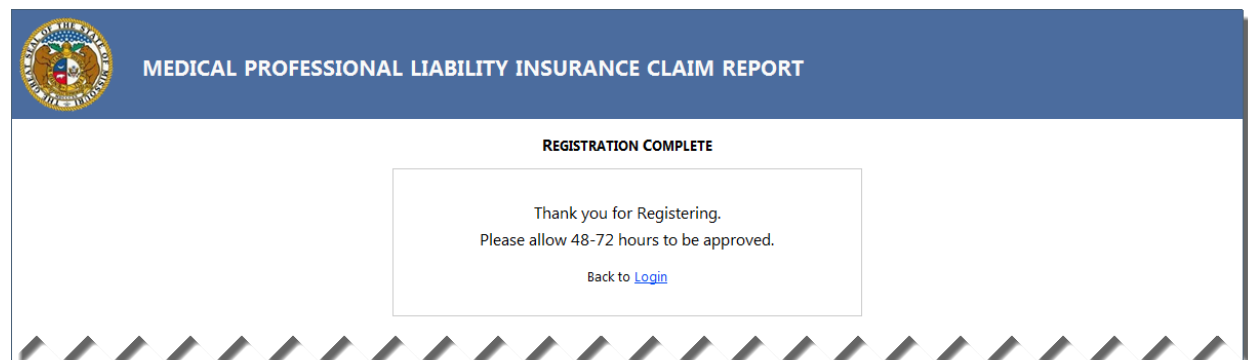
Contact Zip Code: Enter the zip code associated with the address provided above.

After you have entered all the requested information, click the **Register** button to continue with account creation. The depiction of a red 'x' next to a field indicates an error associated with field requirements. *Follow prompts provided to correct online registration inconsistencies or errors.*



The screenshot shows a registration form with fields for 'Contact Street Address', 'Contact City', 'Contact State', and 'Contact Zip Code'. A red 'x' error symbol is visible next to the 'Contact Zip Code' field. Below the form is a 'Register' button. A tooltip message is displayed: 'When this symbol appears, an error has occurred in the associated field, hover over symbol for error message'.

After selecting the **Register** button, the webpage redirects to the *Registration Complete* page. You will also receive an email notification verifying your registration.



The screenshot shows the 'Registration Complete' page. At the top is the Missouri Department of Insurance, Financial Institutions and Professional Registration logo and the title 'MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT'. Below this, the text reads: 'REGISTRATION COMPLETE', 'Thank you for Registering.', 'Please allow 48-72 hours to be approved.', and a link 'Back to Login'.

It is important to note that processing registrations can take up to 48-72 hours before account approval. You will receive a confirmation email, once the account is accepted.

Contact Information Updates

It is important to keep your contact information up-to-date, login into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. The system automatically approves updates immediately but account changes process nightly.

To login, provide your username and password.

- If you forget your account login information, you may request your information sent to your on-file email address by selecting the “Can’t access your account?” link.

The screenshot shows the 'SIGN IN' section of the portal. It includes a header with the Missouri Department of Insurance logo and the title 'MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT'. Below the header, the 'SIGN IN' heading is centered. Underneath, there is a box titled 'Account Information' containing the instruction 'Please enter your username and password.' followed by input fields for 'Username:' and 'Password:'. A 'Sign in' button is located below these fields. Further down, there are two links: 'Can't access your account?' and 'Not Registered? Sign up'. At the bottom of the sign-in section is a 'Contact Us' link.

Once you login, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; open, update, and modify a claim; and get DIFP contact information.

The screenshot shows the portal homepage. It features a blue header with the Missouri Department of Insurance logo on the left, the title 'MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT' in the center, and 'Welcome' and 'Account Settings [Sign out]' on the right. Below the header is a navigation bar with several links: 'Home', 'Open Claim', 'Update Claim', 'Close Claim', 'Claim Status', 'Contact Us', and 'User Guide'. The 'User Guide' link is highlighted with a yellow border.

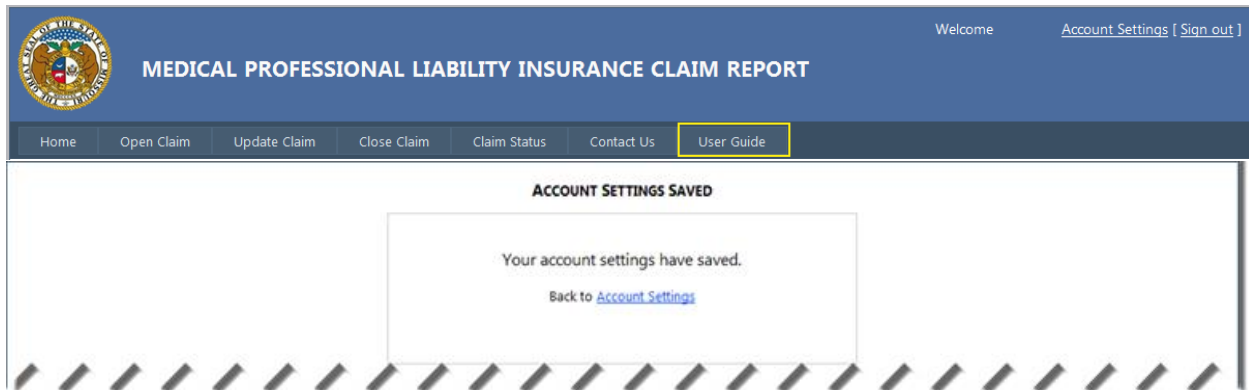
From the homepage, navigate to Account Settings link at the top right of the page. The webpage redirects to the Account Settings pages.

Complete any necessary changes. *If you need to adjust your NAIC number(s), please contact the DIFP office directly.*

Once your changes are complete, click the Save button.

The screenshot shows the 'Account Settings' page with a form for contact information. The fields are labeled as follows: 'Contact Phone Number:', 'Contact Address:', 'Contact City:', 'Contact State:', and 'Contact Zip Code:'. Each label is followed by an input field. The 'Contact State:' field is a dropdown menu. Below the input fields is a 'Save' button.

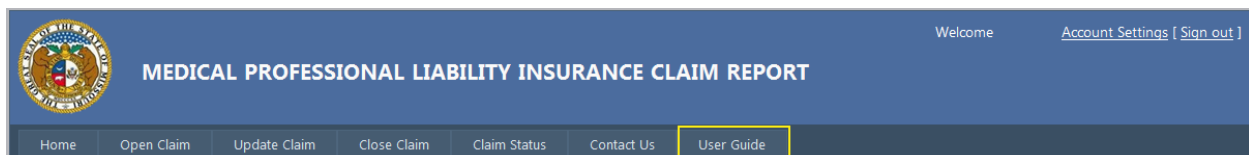
Your changes will be saved and the page will redirect to a webpage confirming changes to your account. You will also receive an email notification, informing you that your account settings were successfully changed.



Claims Management

Claims management assists clients with a more convenient and easier method to report, update, and close Medical Professional Liability Insurance claims.

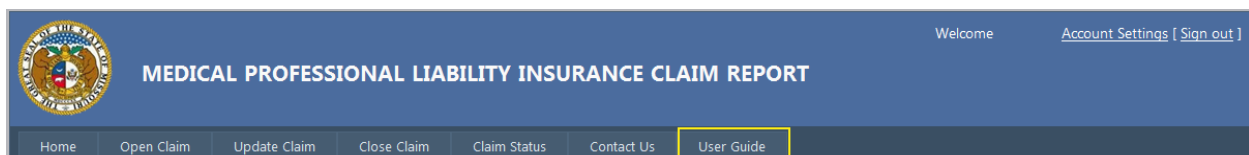
From the portal homepage, you can select one of the following options to manage claims:



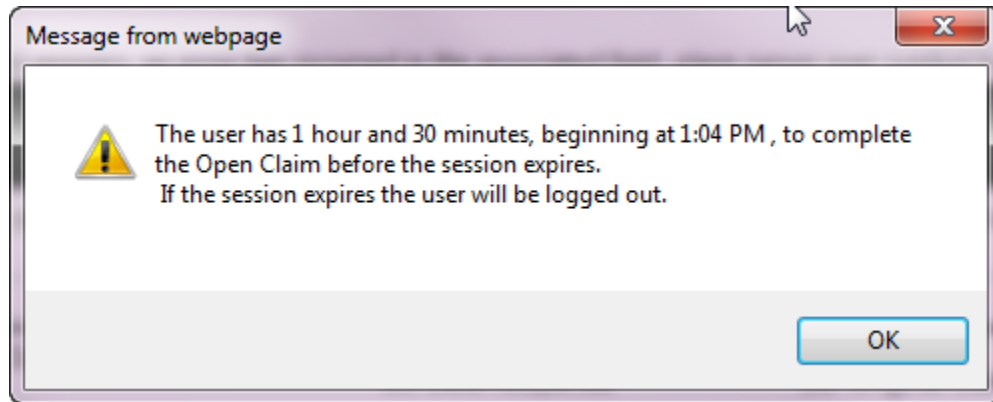
- Open Claim
 - Opens online form for new claim creation
- Update Claim
 - Used to modify an existing claim
- Close Claim
 - Used to close an existing claim

Create a Claim

To create a claim, select the **Open Claim** from the menu bar. When you select the **Open Claim** option, the page redirects to the claim creation form.




When you open the form, a prompt will immediately notify you that you have three hours to complete the form before your session expires.



Complete all required fields before submitting the form. For your convenience, a hyperlink to form instructions is provided at the top of the form titled ***Here***.

(Continue to next page)



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[Account Settings](#)
[Sign out](#)

MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

[Home](#)
[Open Claim](#)
[Update Claim](#)
[Close Claim](#)
[Claim Status](#)
[Contact Us](#)
[User Guide](#)

MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

STATISTICS SECTION
P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

Open Claim

When this symbol appears, an error has occurred in the associated field, place cursor over symbol for error message

[See Instructions Here](#)

1a. NAIC Group & Company Code & Name Of Insurer		1b. Claim File Identification	
2a. Date Of Injury	2b. Date Reported to Insurer	2c. Date Reopened	2d. Original Claim ID Number
3a. License Number	3b. Insured Last Name/Hospital/Other	3c. First Name	3d. Middle Initial
			3e. Suffix (MD, DO, ETC)
3f. Age	3g. City	3h. State	3i. Zip
4a. Profession Code of Insured		4b. Specialty Code	4c. Type of Practice Code

16d. Date Suit Was Filed	16e. County FIPS Code
17a. Indemnity paid by you on behalf of this defendant	20. Injured person's incurred medical expense
17b. Economic damages	21. Injured person's anticipated future medical expense
17c. Non-economic damages	22. Injured person's incurred wage loss
17d. Punitive Damages	23. Injured person's anticipated wage loss
18. Loss adjustment expense paid to defense counsel	24. Injured person's other expenses
19. All other allocated loss adjustment expense paid by you	25. Total amount allocated for further periodic pay (for all defendants)
26a. Contact Person	26b. Telephone Number
26c. Address	26d. Person Responsible For Report

[Open Claim](#)
[Print](#)
[Clear](#)

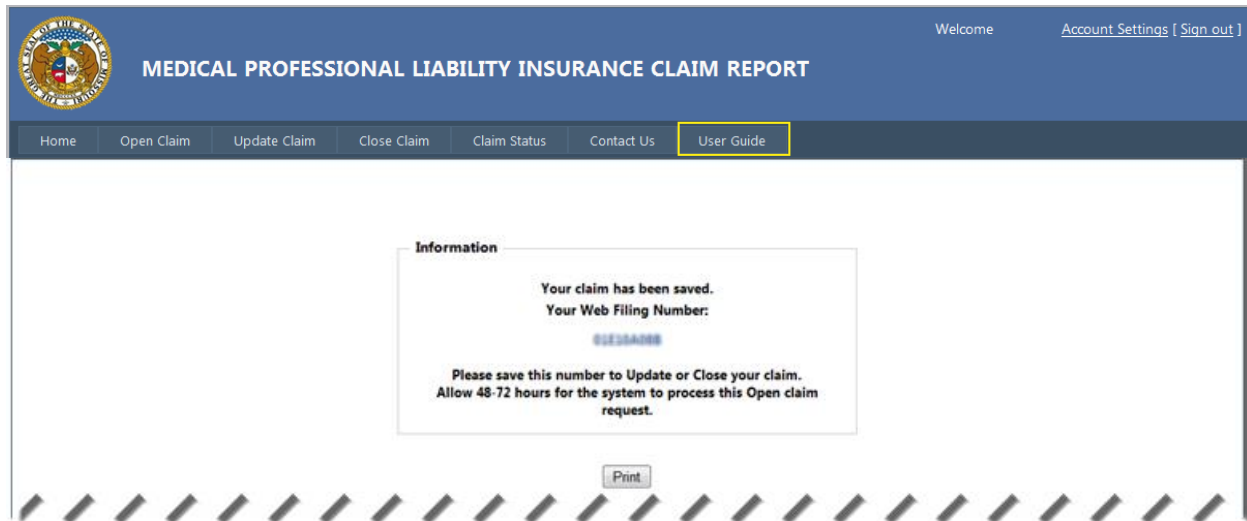
Once you complete the form, click the **Open Claim** button at the bottom of the page.


At any time during form completion, you may print the form from the button located at the bottom of the page titled **Print**.

To remove data entered into the form, select the **Clear** button located at the bottom of the page.

After you submit your claim, the page will redirect to the *claim submission* page that will provide you with your claim filing number.

*Be sure to keep this number, it will be useful in the future when you modify or close your claim.
Please note that it may take between 48 to 72 hours to complete claim processing.*




Welcome [Account Settings](#) [Sign out](#)

MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

[Home](#) | [Open Claim](#) | [Update Claim](#) | [Close Claim](#) | [Claim Status](#) | [Contact Us](#) | [User Guide](#)

Information

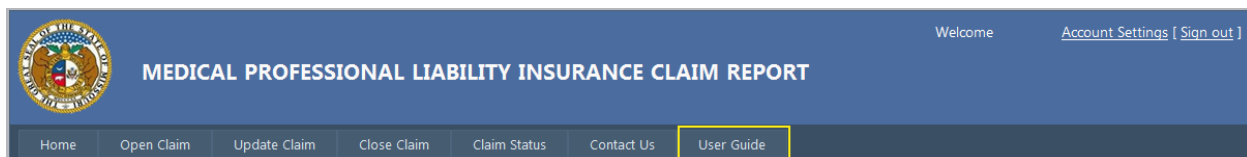
Your claim has been saved.
Your Web Filing Number:
00000000


Please save this number to Update or Close your claim.
Allow 48-72 hours for the system to process this Open claim request.

[Print](#)

Update a Claim

Update claims using the Update Claim menu. The system **only** updates claims from this menu. Users cannot create or close claims from this menu. To perform other tasks, please select the appropriate tab choice, Open Claim or Close Claim. To update a claim, select **Update Claim** from the menu bar.

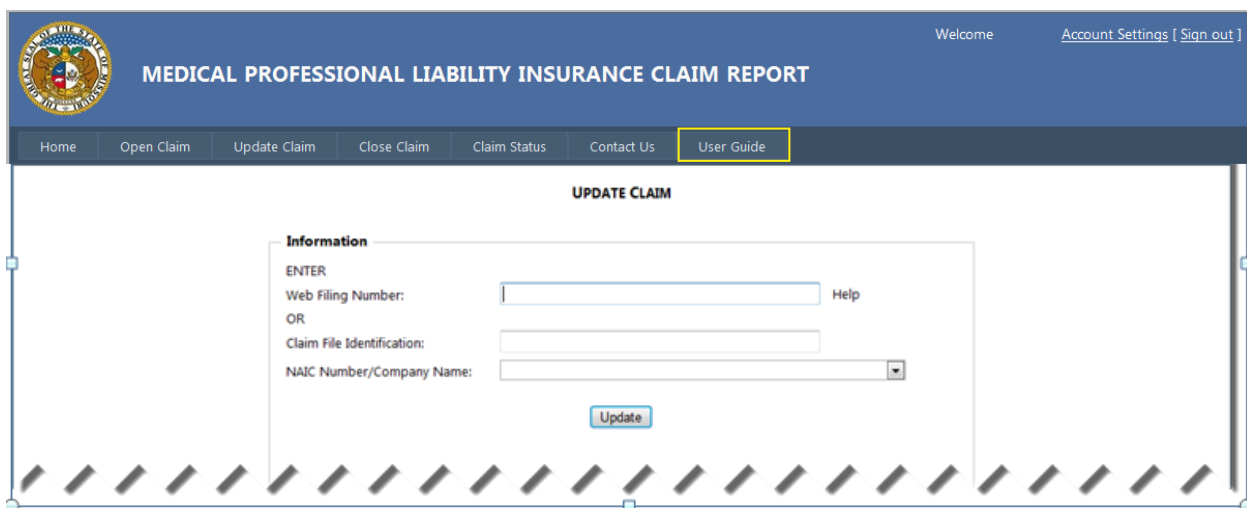



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MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

[Home](#) | [Open Claim](#) | [Update Claim](#) | [Close Claim](#) | [Claim Status](#) | [Contact Us](#) | [User Guide](#)

On the claim update page, you will need to provide your *web filing number*, or *claim file identification* and your *NAIC Number*. Select the NAIC Number in which the account is associated with from the drop down menu.



UPDATE CLAIM

Information

ENTER

Web Filing Number: [Help](#)

OR

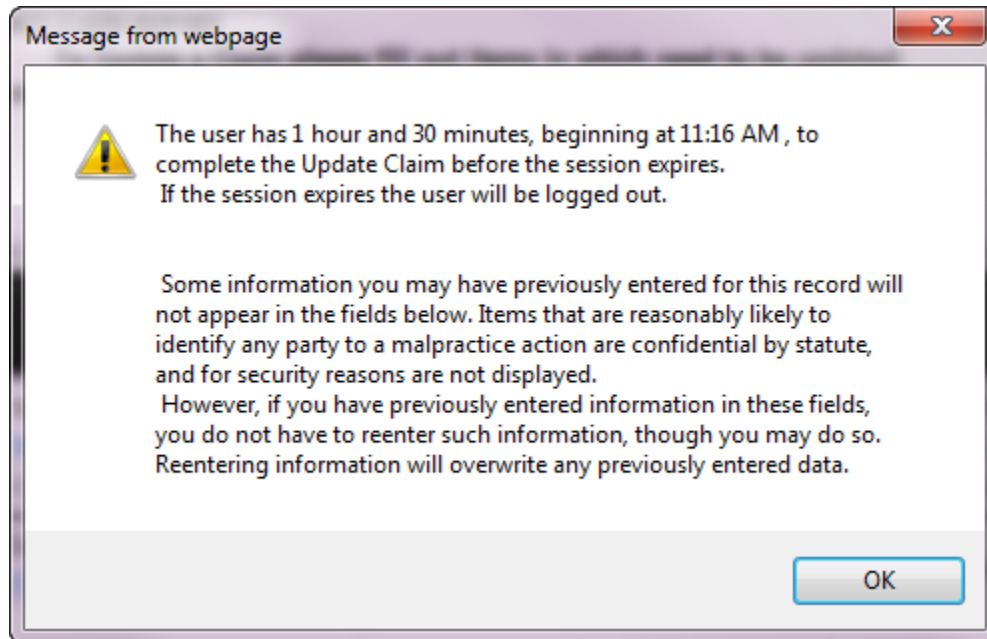
Claim File Identification:

NAIC Number/Company Name:

[Update](#)


After you entered/selected the required information, select the **Update** button to retrieve your claim.

After the user selects the **Update** button, the system will generate a message informing users of time limit constraints and data entry details.



The system will retrieve your record and display some previously entered data in blue lettering above the corresponding field (pictured below). Some information you may have previously entered for this record will not appear in the fields below. Items that are reasonably likely to identify any party to a malpractice action are confidential by statute, and for security reasons are not displayed. **However, if you have previously entered information in these fields, you do not have to reenter such information, though you may do so.** Reentering information will overwrite any previously entered data.

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MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

STATISTICS SECTION
P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

To Update a Claim please fill out items in which need to be updated.
Data perviously entered for the Claim will not be displayed for security reasons.

Update Claim

When this symbol appears, an error has occurred in the associated field, place cursor over symbol for error message

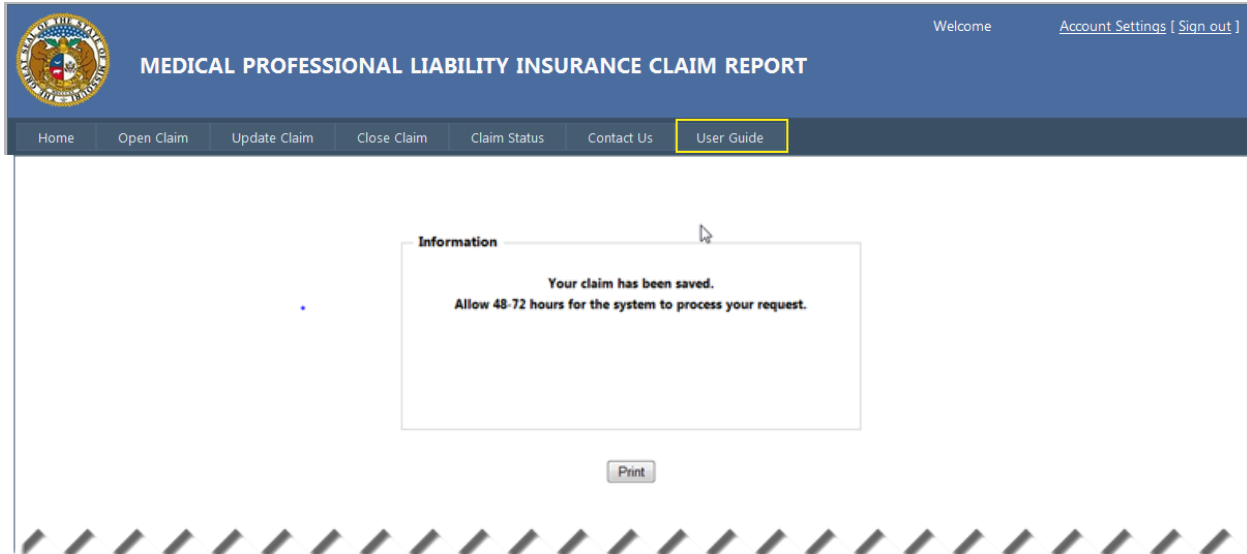
See Instructions Here

1a. NAIC Group & Company Code & Name Of Insurer 0514-12345 FARM BUREAU NEW HORIZONS INSURANCE COMPANY OF MISSOURI		1b. Claim File Identification 123TESTCLAIM	
2a. Date Of Injury 1/1/2013	2b. Date Reported to Insurer 1/5/2013	2c. Date Reopened	2d. Original Claim ID Number
3a. License Number	3b. Insured Last Name/Hospital/Other	3c. First Name	3d. Middle Initial
		3e. Suffix (MD, DO, ETC)	
3f. Age	3g. City	3h. State	3i. Zip
4a. Profession Code of Insured 1 Physicians and Surgeons		4b. Specialty Code ALLERGY / IMMUNOLOGISTS	4c. Type of Practice Code 1 Institutional (including academic)
5a. Place Where Injury Occurred Code		5b. City	5c. State
		5d. Zip	

16d. Date Suit Was Filed		16e. County FIPS Code	
17a. Indemnity paid by you on behalf of this defendant \$300.00		20. Injured person's incurred medical expense \$100.00	
17b. Economic damages \$100.00		21. Injured person's anticipated future medical expense \$100.00	
17c. Non-economic damages \$100.00		22. Injured person's incurred wage loss \$100.00	
17d. Punitive Damages \$100.00		23. Injured person's anticipated future wage loss \$100.00	
18. Loss adjustment expense paid to defense counsel \$100.00		24. Injured person's other expenses \$100.00	
19. All other allocated loss adjustment expense paid by you \$100.00		25. Total amount allocated for future periodic pay (for all defendants) \$100.00	
26a. Contact Person TESTCONTACT	26b. Telephone Number (123)123-1234	26c. Address 123 TEST ROAD	26d. Person Responsible For Report SAMPLE NAME

Update Claim Print Clear

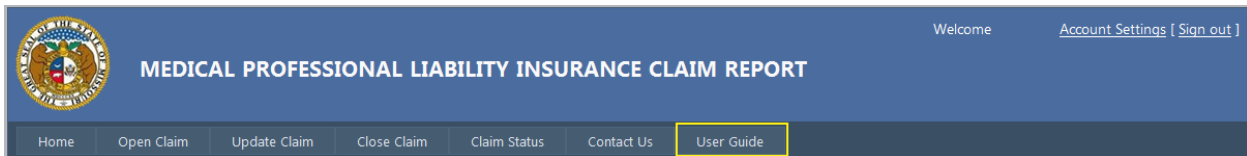
After you have made changes to the claim, click the **Update Claim** button. The system will display a confirmation page and notice that the process to update may require 48 - 72 hours to complete.



The screenshot shows the top navigation bar with the Missouri Department of Insurance logo and the title "MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT". The navigation menu includes "Home", "Open Claim", "Update Claim", "Close Claim", "Claim Status", "Contact Us", and "User Guide" (highlighted with a yellow box). The main content area displays a message box titled "Information" with the text: "Your claim has been saved. Allow 48-72 hours for the system to process your request." Below the message box is a "Print" button.

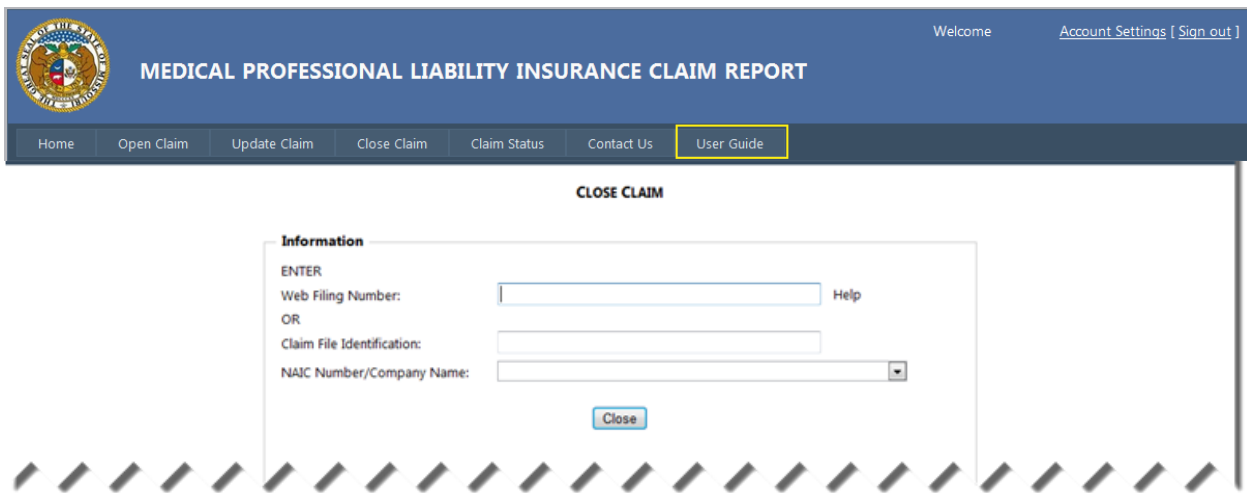
Close a Claim

Close a claim using the **Close Claim** menu. To close a claim, select **Close Claim** from the menu bar.



This screenshot is identical to the previous one, showing the top navigation bar and the success message. The "Close Claim" menu item is highlighted with a yellow box.

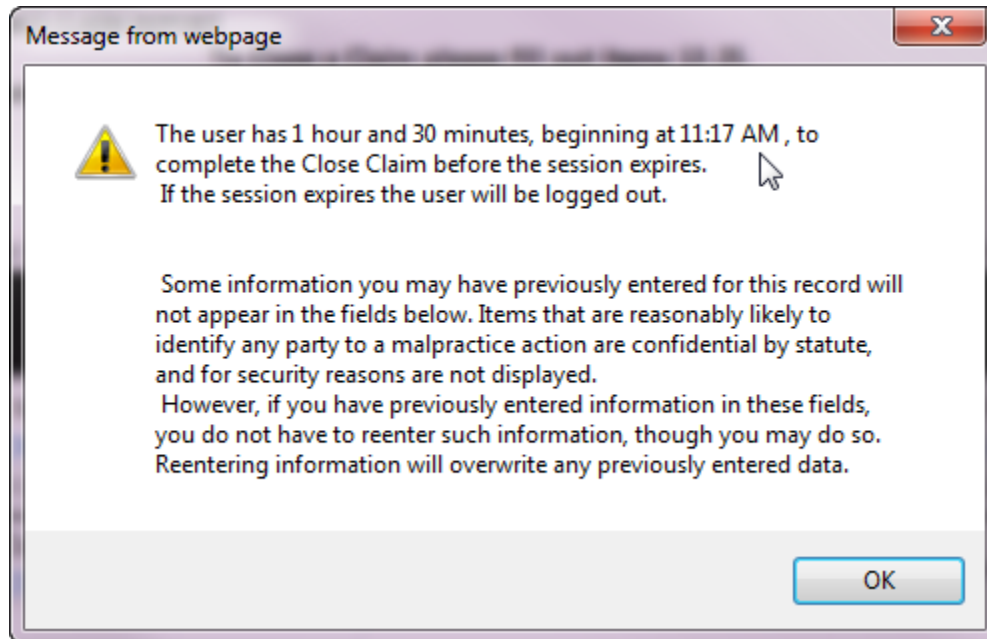
On the close a claim page, you will need to provide your *web filing number*, or *claim file identification* and your *NAIC Number*. Select the NAIC Number in which the account is associated with from the drop down menu.




The screenshot shows the "CLOSE CLAIM" page. The navigation bar is the same as the previous pages. The main content area has a title "CLOSE CLAIM" and a form titled "Information". The form contains the following fields: "ENTER Web Filing Number:" with a text input field and a "Help" link; "OR Claim File Identification:" with a text input field; and "NAIC Number/Company Name:" with a dropdown menu. A "Close" button is located below the form fields.

After you entered/selected the required information, select the **Close** button to begin required data entry to close your claim.

After the user selects the **Close** button, the system will generate a message informing users of time limit constraints and data entry details.



The system will retrieve your record and display some previously entered data in blue lettering above the corresponding field (pictured below). Some information you may have previously entered for this record will not appear in the fields below. Items that are reasonably likely to identify any party to a malpractice action are confidential by statute, and for security reasons are not displayed. **However, if you have previously entered information in these fields, you do not have to reenter such information, though you may do so.** Reentering information will overwrite any previously entered data.



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MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

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MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT

STATISTICS SECTION
P.O. BOX 690
JEFFERSON CITY, MO 65102-0690

To Close a Claim please fill out items 13-25.
Data perviously entered for the Claim will not be displayed for security reasons.

Close Claim

✖ When this symbol appears, an error has occurred in the associated field, place cursor over symbol for error message

See Instructions Here

1a. NAIC Group & Company Code & Name Of Insurer 0514-12345 FARM BUREAU NEW HORIZONS INSURANCE COMPANY OF MISSOURI		1b. Claim File Identification 123TESTCLAIM		
2a. Date Of Injury 1/1/2013	2b. Date Reported to Insurer 1/5/2013	2c. Date Reopened	2d. Original Claim ID Number 123TESTCLAIM	
3a. License Number	3b. Insured Last Name/Hospital/Other	3c. First Name	3d. Middle Initial	3e. Suffix (MD, DO, ETC)
3f. Age	3g. City	3h. State	3i. Zip	

13. Date of This Payment or Closure 1/10/2013	14. Claim Disposition Code 1 Settled or disposed by parties before or during trial	15. Settlement Code 1 Before filing suit or demanding arbitration hearing
16a. Court Code	16b. Name of Court	16c. Docket Number
16d. Date Suit Was Filed	16e. County FIPS Code	
17a. Indemnity paid by you on behalf of this defendant \$300.00	20. Injured person's incurred medical expense \$100.00	
17b. Economic damages \$100.00	21. Injured person's anticipated future medical expense \$100.00	
17c. Non-economic damages \$100.00	22. Injured person's incurred wage loss \$100.00	
17d. Punitive Damages \$100.00	23. Injured person's anticipated future wage loss \$100.00	
18. Loss adjustment expense paid to defense counsel \$100.00	24. Injured person's other expenses \$100.00	
19. All other allocated loss adjustment expense paid by you \$100.00	25. Total amount allocated for future periodic pay (for all defendants) \$100.00	
26a. Contact Person TESTCONTACT	26b. Telephone Number (123)123-1234	26c. Address 123 TEST ROAD
26d. Person Responsible For Report SAMPLE NAME		

[Close Claim](#)
[Print](#)
[Clear](#)

You should notice from the above picture, that several fields are required before you can fully close the claim. The system will flag fields requiring additional attention with a red 'x' (✖).

After you have made changes to the claim, click the **Close Claim** button. The system will display a confirmation page and notice that the process to update may require 48 - 72 hours to complete.

The screenshot shows the 'MEDICAL PROFESSIONAL LIABILITY INSURANCE CLAIM REPORT' page. The top navigation bar includes links for Home, Open Claim, Update Claim, Close Claim, Claim Status, Contact Us, and User Guide (highlighted with a yellow box). The main content area displays an 'Information' box with the text: 'Your claim has been saved. Allow 48-72 hours for the system to process your request.' Below this box is a 'Print' button. The bottom of the page features a decorative dashed line.

Claim Status

Check claim status using the Claim Status menu. The system **only** lists the status of claims from this menu. Users cannot create, update or close claims from this menu. To perform other tasks, please select the appropriate tab choice, Open Claim, Update Claim or Close Claim. To check the status of a claim, select **Claim Status** from the menu bar.

- Opened Claims
 - Displays open claims
- Closed Claims
 - Displays closed claims

The screenshot shows the 'Claim Status' page. It includes a message: 'For Closed Claims older than five years, please contact: MedProf@insurance.mo.gov.' Below this is a 'Status' drop-down menu. The text 'From the Status drop-down selection field, choose Opened Claims. Select the **Show** button and the system will display one of the following screens based upon your selection(s) and the data returned based on those selections.' is overlaid on the image.

The screenshot shows the 'Opened Claims' table. The table has four columns: COMPANY, NAIC Number, CLAIM FILE IDENTIFIER, and Web Filing Number. The table is currently empty.

From the Status drop-down selection field, choose Closed Claims. Then select the Payment/Closure Year, for example, 2010. Select the **Show** button and the system will display one of the following screens based upon your selection(s) and the data returned based on those selections.

Claim Status

For Closed Claims older than five years, please contact: MedProf@insurance.mo.gov.

Status Payment/Closure Year

Closed Claims **Show**

Claim Status

For Closed Claims older than five years, please contact: MedProf@insurance.mo.gov.

Status Payment/Closure Year

Closed Claims 2010 **Show**

Closed Claims			
COMPANY	NAIC Number	CLAIM FILE IDENTIFIER	Web Filing Number

If there is no data based upon the selections made, the following will be displayed.

Claim Status

For Closed Claims older than five years, please contact: MedProf@insurance.mo.gov.

Status Payment/Closure Year

Closed Claims 2013 **Show**

Closed Claims			
There are currently no closed claims.			

Closed Claims older than five years

Note that if the closed claim is older than five years it will not be included in the information displayed for Closed Claims. As indicated, for Closed Claims older than five years, please contact the Department of Insurance, Financial Institutions, and Professional Registration, Statistics Section, by email at medprof@insurance.mo.gov.

Contact Us

Contact the Department of Insurance, Financial Institutions, and Professional Registration, Statistics Section, for help with claims by mail at 301 West High Street at Jefferson City, MO 65101 or by email at medprof@insurance.mo.gov.

User Guide

This User Guide can be obtained from the **User Guide** menu as well as from the DIFP web site at http://insurance.mo.gov/industry/filings/stats/MedicalProfLiability_UserGuide_External.pdf

Logout

Before closing the application, be sure to logout. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.